

**MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES**

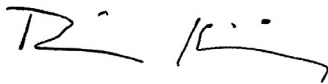
**NOTICE OF PROPOSED POLICY**

Public Act 280 of 1939, as amended, and consultation guidelines for Medicaid policy provide an opportunity to review proposed changes in Medicaid policies and procedures.

Please review the policy summary and the attached materials that describe the specific changes being proposed. Let us know why you support the change or oppose the change.

Submit your comments to the analyst by the due date specified. Your comments must be received by the due date to be considered for the final policy bulletin.

Thank you for participating in the consultation process.



Director,  
Bureau of Medicaid Policy, Operations, and Actuarial Services

<b>Project Number:</b> 2146-Pharmacy	<b>Comments Due:</b> January 5, 2022	<b>Proposed Effective Date:</b> February 1, 2022
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**Mail Comments to:** Vicki Goethals

**Telephone Number:** 517-335-6611 **Fax Number:**  
**E-mail Address:** [goethalsv@michigan.gov](mailto:goethalsv@michigan.gov)

**Policy Subject:** Pharmacy Coverage of Anti-obesity Drug Products

**Affected Programs:** Medicaid, Healthy Michigan Plan, Children's Special Health Care Services (CSHCS), Maternity Outpatient Medical Services (MOMS)

**Distribution:** All Providers

**Policy Summary:** This policy provides for coverage of certain anti-obesity drug products for Medicaid Pharmacy Fee-for-Service (FFS) reimbursement.

**Purpose:** Extending coverage of these products aligns with current standards of practice and supports recognized treatments of comorbid conditions (e.g., diabetes).

**Bulletin Number:** MSA 21-49

**Distribution:** All Providers

**Issued:** December 1, 2021

**Subject:** Pharmacy Coverage of Anti-obesity Drug Products

**Effective:** February 1, 2022

**Programs Affected:** Medicaid, Healthy Michigan Plan, Children's Special Health Care Services (CSHCS), Maternity Outpatient Medical Services (MOMS)

**NOTE: Implementation of this policy is contingent upon approval of a State Plan Amendment (SPA) by the Centers for Medicare & Medicaid Services (CMS).**

For questions on coverage for members enrolled in a managed care organization (MCO), refer to the relevant MCO Common Formulary located at: [www.michigan.gov/MCOpharmacy](http://www.michigan.gov/MCOpharmacy).

The purpose of this bulletin is to provide for coverage of certain anti-obesity drug products for Medicaid Pharmacy Fee-for-Service (FFS) reimbursement. Effective February 1, 2022, the anti-obesity drug products listed in the attached document may be covered on pharmacy drug claims. Extending coverage of these products aligns with current standards of practice and supports recognized treatments of comorbid conditions (e.g., diabetes).

Anti-obesity prescription drug claims should be billed at point-of-sale directly to the MDHHS contracted Pharmacy Benefit Manager (PBM). These medications will be subject to current FFS pharmacy policies and coverage limitations, including prior authorization (PA) requirements.

In accordance with FFS policy, a copayment may apply for each prescription dispensed to beneficiaries age 21 years and older. Current copayment amounts are listed [here](#) on the MDHHS website.

### **Public Comment**

The public comment portion of the policy promulgation process is being conducted concurrently with the implementation of the change noted in this bulletin. Any interested party wishing to comment on the change may do so by submitting comments to Vicki Goethals via e-mail at [goethalsv@michigan.gov](mailto:goethalsv@michigan.gov).

Please include "Pharmacy Coverage of Anti-obesity Drug Products" in the subject line.

Comments received will be considered for revisions to the change implemented by this bulletin.

### **Manual Maintenance**

Retain this bulletin until the information is incorporated into the MDHHS Medicaid Provider Manual.

### **Questions**

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov). When you submit questions, be sure to include your name, affiliation, NPI number, and phone number so you may be contacted if necessary. Typical Providers may phone toll-free 1-800-292-2550. Atypical Providers may phone toll-free 1-800-979-4662.

### **Approved**

A handwritten signature in black ink, appearing to read 'K. Massey', followed by a long horizontal line extending to the right.

Kate Massey, Director  
Medical Services Administration



## Covered Anti-obesity Drug Products

NDC	Description
57844001901	ADIPEX-P 37.5 MG TABLET
57844014001	ADIPEX-P 37.5 MG TABLET
57844014056	ADIPEX-P 37.5 MG TABLET
10702004001	BENZPHETAMINE HCL 50 MG TABLET
10702004003	BENZPHETAMINE HCL 50 MG TABLET
10702004050	BENZPHETAMINE HCL 50 MG TABLET
23155017401	BENZPHETAMINE HCL 50 MG TABLET
23155017403	BENZPHETAMINE HCL 50 MG TABLET
42806008101	BENZPHETAMINE HCL 50 MG TABLET
42806008130	BENZPHETAMINE HCL 50 MG TABLET
51267089099	CONTRAVE ER 8-90 MG TABLET
00527147501	DIETHYLPROPION 25 MG TABLET
00527147701	DIETHYLPROPION ER 75 MG TABLET
10702004401	DIETHYLPROPION 25 MG TABLET
10702004406	DIETHYLPROPION 25 MG TABLET
10702000109	LOMAIRA 8 MG TABLET
10702004510	PHENDIMETRAZINE 35 MG TABLET
10702007701	PHENDIMETRAZINE 35 MG TABLET
10702007710	PHENDIMETRAZINE 35 MG TABLET
10702007810	PHENDIMETRAZINE 35 MG TABLET
69543040910	PHENDIMETRAZINE ER 105 MG CAP
69543040930	PHENDIMETRAZINE ER 105 MG CAP
69543041010	PHENDIMETRAZINE 35 MG TABLET
69543041011	PHENDIMETRAZINE 35 MG TABLET
00185064410	PHENTERMINE 15 MG CAPSULE
00185064701	PHENTERMINE 30 MG CAPSULE
00185064710	PHENTERMINE 30 MG CAPSULE
00527059701	PHENTERMINE 30 MG CAPSULE
00527059710	PHENTERMINE 30 MG CAPSULE

<b>NDC</b>	<b>Description</b>
00527130801	PHENTERMINE 30 MG CAPSULE
00527130810	PHENTERMINE 30 MG CAPSULE
00527131001	PHENTERMINE 30 MG CAPSULE
00527131010	PHENTERMINE 30 MG CAPSULE
00527144501	PHENTERMINE 37.5 MG TABLET
00527144510	PHENTERMINE 37.5 MG TABLET
00527174201	PHENTERMINE 15 MG CAPSULE
00527174210	PHENTERMINE 15 MG CAPSULE
00527174301	PHENTERMINE 37.5 MG CAPSULE
00527174310	PHENTERMINE 37.5 MG CAPSULE
00527174330	PHENTERMINE 37.5 MG CAPSULE
10702002501	PHENTERMINE 37.5 MG TABLET
10702002503	PHENTERMINE 37.5 MG TABLET
10702002510	PHENTERMINE 37.5 MG TABLET
10702002601	PHENTERMINE 15 MG CAPSULE
10702002610	PHENTERMINE 15 MG CAPSULE
10702002701	PHENTERMINE 30 MG CAPSULE
10702002710	PHENTERMINE 30 MG CAPSULE
10702002801	PHENTERMINE 30 MG CAPSULE
10702002810	PHENTERMINE 30 MG CAPSULE
10702002901	PHENTERMINE 37.5 MG CAPSULE
10702002903	PHENTERMINE 37.5 MG CAPSULE
10702002910	PHENTERMINE 37.5 MG CAPSULE
11534015701	PHENTERMINE 15 MG CAPSULE
11534015703	PHENTERMINE 15 MG CAPSULE
11534015901	PHENTERMINE 37.5 MG CAPSULE
11534015903	PHENTERMINE 37.5 MG CAPSULE
11534015930	PHENTERMINE 37.5 MG CAPSULE
11534016001	PHENTERMINE 37.5 MG TABLET
11534016003	PHENTERMINE 37.5 MG TABLET
11534016030	PHENTERMINE 37.5 MG TABLET
11534017601	PHENTERMINE 30 MG CAPSULE
11534017603	PHENTERMINE 30 MG CAPSULE
13107006101	PHENTERMINE 37.5 MG TABLET
13107006199	PHENTERMINE 37.5 MG TABLET
13107010501	PHENTERMINE 15 MG CAPSULE
13107010601	PHENTERMINE 30 MG CAPSULE
42806052401	PHENTERMINE 37.5 MG CAPSULE
43547040410	PHENTERMINE 37.5 MG TABLET
43547040411	PHENTERMINE 37.5 MG TABLET
51224010150	PHENTERMINE 37.5 MG TABLET
51224010170	PHENTERMINE 37.5 MG TABLET

<b>NDC</b>	<b>Description</b>
51224020250	PHENTERMINE 30 MG CAPSULE
51224020270	PHENTERMINE 30 MG CAPSULE
51224020350	PHENTERMINE 15 MG CAPSULE
51224020370	PHENTERMINE 15 MG CAPSULE
53489043301	PHENTERMINE 30 MG CAPSULE
53489043310	PHENTERMINE 30 MG CAPSULE
53489067601	PHENTERMINE 37.5 MG TABLET
53489067610	PHENTERMINE 37.5 MG TABLET
64980019003	PHENTERMINE 37.5 MG TABLET
62541020130	QSYMIA 3.75 MG-23 MG CAPSULE
62541020230	QSYMIA 7.5 MG-46 MG CAPSULE
62541020330	QSYMIA 11.25 MG-69 MG CAPSULE
62541020430	QSYMIA 15 MG-92 MG CAPSULE
00169280015	SAXENDA 18 MG/3 ML PEN
00169450101	WEGOVY 1 MG/0.5 ML PEN
00169450114	WEGOVY 1 MG/0.5 ML PEN
00169450501	WEGOVY 0.5 MG/0.5 ML PEN
00169450514	WEGOVY 0.5 MG/0.5 ML PEN
00169451701	WEGOVY 1.7 MG/0.75 ML PEN
00169451714	WEGOVY 1.7 MG/0.75 ML PEN
00169452401	WEGOVY 2.4 MG/0.75 ML PEN
00169452414	WEGOVY 2.4 MG/0.75 ML PEN
00169452501	WEGOVY 0.25 MG/0.5 ML PEN
00169452514	WEGOVY 0.25 MG/0.5 ML PEN
00169452590	WEGOVY 0.25 MG/0.5 ML PEN
00169452594	WEGOVY 0.25 MG/0.5 ML PEN
61269046090	XENICAL 120 MG CAPSULE